



**Policy:** 3070  
**Procedure:** 3070.01  
**Chapter:** Medical Services  
**Rule:** Emergency Care

**Effective:** 09/10/07  
**Replaces:** 3070.01  
**Dated:** 10/19/06

### **Purpose:**

The Arizona Department of Juvenile Corrections (ADJC) provides access to 24 hour emergency medical and dental care utilizing internal and outside services for juveniles. ADJC shall provide only emergency care to ADJC employees and visitors. All routine dental, medical, and psychiatric care is the employee's or visitor's responsibility and shall not be rendered on-site.

### **Rules:**

1. During normal hours of operation of the ADJC Health Unit, **ANY EMPLOYEE** shall contact a Qualified Health Care Professional (QHCP) for any on-site medical emergency by calling on the radio "Code 3 Medical, (location and nature of the call)." If no radio is available, the **EMPLOYEE** shall call Security/Control with the above information.
2. In case of an obvious emergency/life and death situation **ANY EMPLOYEE** shall:
  - a. Institute First Aid/CPR including the use of an Automated External Defibrillator (AED), if indicated;
  - b. Notify secure facility medical personnel as soon as possible;
  - c. Call Emergency Medical Services (EMS) (911) if necessary;
  - d. Render aid until a QHCP or EMS assumes patient care.
    - i. In accordance with ARS §32-1471, Good Samaritan Law, **ANY EMPLOYEE** can render emergency care to other employees, juveniles, or visitors gratuitously and in good faith and shall not be liable for damages.
  - e. Not make the decision to transport an employee or a visitor to a hospital unless the individual is rendered incapable of making a personal decision.
3. The **QHCP** shall provide immediate response to Code 3 medical emergency situations for any on-site individual, if available. The **QHCP** shall:
  - a. Respond to any emergency with the emergency kit and oxygen;
  - b. Bring the AED if the emergency is suspected to be cardiac in origin or the QHCP believes it to be necessary;
  - c. Notify the On-Call medical provider, if necessary;
  - d. Document all events, treatment, and appropriate notifications in the juvenile's medical record;
  - e. Communicate a report of the emergency events and any follow-up requirements to the oncoming QHCP at shift change.
4. The **QHCP AND/OR OFFICER IN CHARGE (OIC) IN THE EVENT THE QHCP IS NOT AVAILABLE** shall:
  - a. Provide direction for juvenile and employee management on the scene of the emergency in accordance with Procedure 4050.10 Incident Management;
  - b. Contact the assigned on-call medical provider for additional direction;
  - c. Contact the local hospital Emergency Services if the juvenile is to be transported by Security;
  - d. Notify the parent/legal guardian of the medical issue only as soon as possible and document in the juvenile's medical record.
    - i. The **QHCP**, in accordance with Procedure 3090.10 Off-site Medical Referral and Hospital Care, shall

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- (1) Not discuss:
    - (a) Incident and circumstances surrounding the incident;
    - (b) Location of the juvenile.
  - (2) Refer the parent/guardian to the Officer-in Charge for any questions.
5. When a medical emergency involving a juvenile occurs that requires off-site treatment or is deemed as a significant medical emergency by a QHCP, the **OIC OR DESIGNEE** shall notify the following:
  - a. Provider;
  - b. Medical Director;
  - c. Receiving hospital;
  - d. Assistant Director for Programs and Institutions;
  - e. Nursing Program Administrator;
  - f. Correctional Registered Nurse Supervisor II;
  - g. Facility Superintendent/Administrator On-Call;
  - h. Medical Records Librarian;
  - i. Legal guardians.
6. After responding to an emergency medical situation, **EACH INVOLVED EMPLOYEE** shall complete an Incident Report or addendum to the Incident Report documenting the event in accordance with Procedure 1190.01 Incident Reporting.
7. In cases other than obvious emergencies the **QHCP**:
  - a. Shall triage the issue for the juvenile(s); and
    - i. May request the juvenile be transported to the Health Unit;
    - ii. Shall contact the on-call medical provider if necessary;
      - (1) If the **MEDICAL PROVIDER** decides off-site medical treatment is necessary, **S/HE** shall contact the Medical Director for approval;
      - (2) The **MEDICAL PROVIDER OR THE QHCP TAKING THE VERBAL ORDER** shall document the Medical Director's approval for transport in the juvenile's medical record;
      - (3) In the event that QHCP is unable to communicate with on-call medical provider and/or the Medical Director, and it is in the best interest of the juvenile, the **QHCP** shall make the decision to transport the juvenile for off-site emergency treatment.
  - b. Shall assess the situation and provide first aid for employee(s) and/or visitor(s).
    - i. May advise the individual to seek medical evaluation and treatment;
    - ii. Offer to help arrange transportation or call EMS (911);
      - (1) **ADJC EMPLOYEES** shall not provide transportation as part of their assigned duties.
    - iii. Document the information in an Incident Report including whether an employee or individual refuses activation of EMS or proceeds against recommendations.
8. **EVERY ADJC EMPLOYEE** shall attend training in First Aid, CPR, and use of an AED every two years.
9. The **SECURE FACILITY SUPERINTENDENT** shall ensure at least two AEDs are present and functional at each facility, one at the Health Unit and one at the Security/Control area.
10. The **MEDICAL DIRECTOR OR DESIGNEE** shall create an emergency call schedule for the facility to include the medical provider on-call.
11. **ADJC MULTIDISCIPLINARY TEAMS** shall not assign a juvenile with significant medical conditions to Eagle Point without the approval of the Medical Director, as this facility is more than 30 to 45 minutes by ambulance to the nearest Emergency Room.

12. The **MEDICAL DIRECTOR** shall approve the medical aspects of each facility's emergency response plan annually and whenever change occurs.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By:
09/10/07	Ronald G. Williams MD, MPH		